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Data

Charts on THE NATION'S HEALTH

Demography, Mortality, Morbidity

May 1970

Special Projects Branch
Office of the Associate Director for
Program Planning and Evaluation
National Institutes of Health
U.S. Department of Health, Education, and Welfare

CHARTS ON THE NATION'S HEALTH

Demography, Mortality, Morbidity

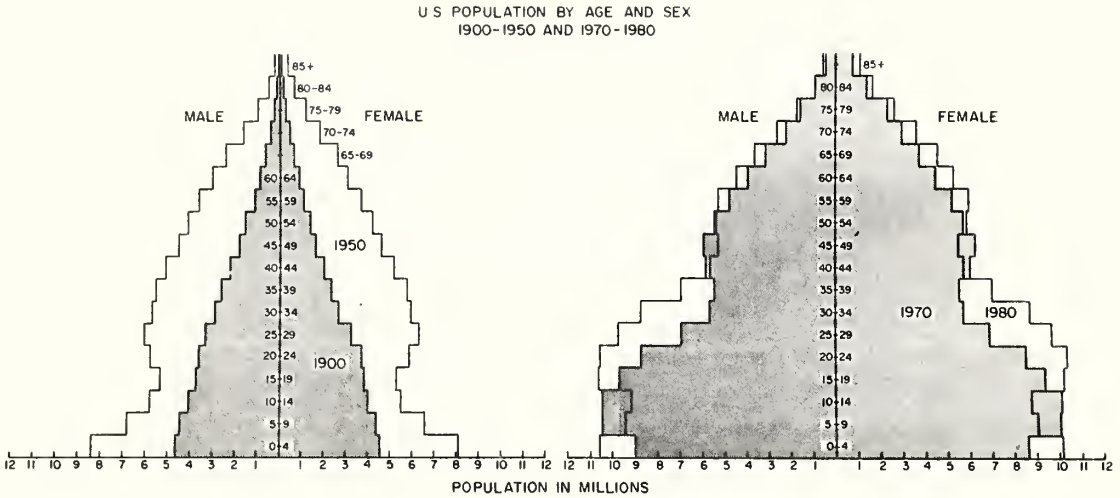
Prepared by the Special Projects Branch, Office of the Associate Director for Program Planning and Evaluation, NIH, from data published by the U.S. Bureau of the Census and the National Center for Health Statistics, DHEW.

May 1970

U.S. POPULATION BY AGE AND SEX, 1900-1950 AND 1970-1980

- 1900 is closer to the "stationary life table" than other years.
- 1950 shows the effect of World War I, the Depression, and World War II on natality.
- 1970. "WW I babies" are now 45-49, "WW II babies" 20-24. Population is relatively high at 5-19 and 40-54.
- 1980, no striking increase in old people. Note the gradual shift toward the female side. The greatest increase will be in students and young workers (15-39).

Chart 1


U S POPULATION BY AGE AND SEX
1900-1950 AND 1970-1980
MALE
FEMALE
85+
80-84
75-79
70-74
65-69
1950
1900
1970
1980
POPULATION IN MILLIONS

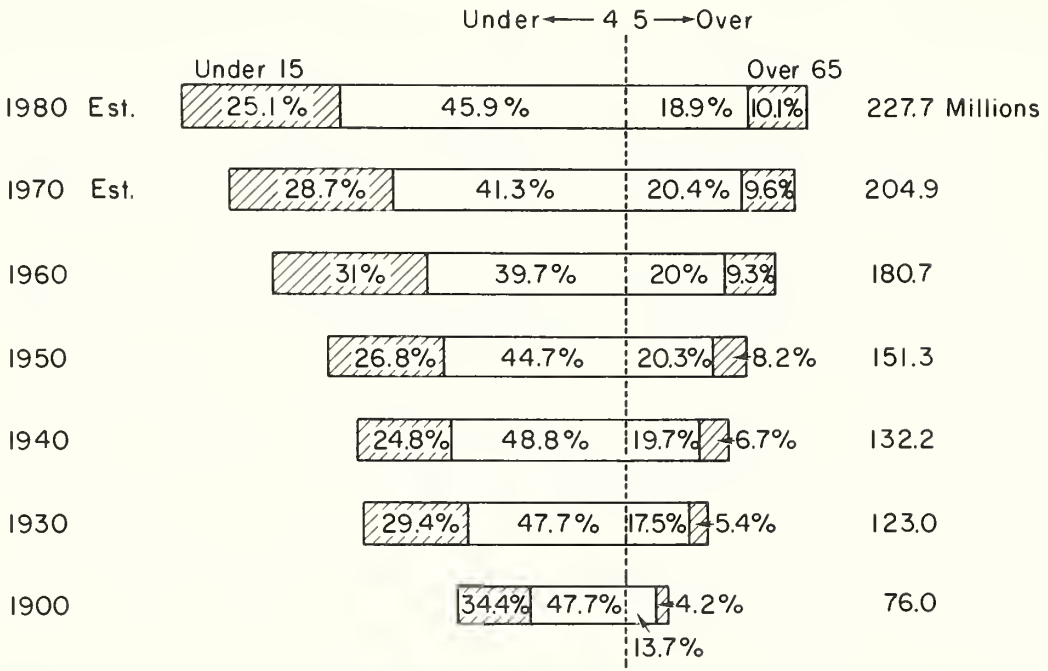
GROWTH AND AGE DISTRIBUTION OF U.S. POPULATION, 1900-1980

This chart shows what is happening in regard to the major groupings. We have used a low fertility projection.

- Birth rate, though now low, continues to be about twice the death rate--18 per 1000, 9-10 per 1000.
- There will be a small shift (1%) toward under-45, but a continued relative decline in under-15's.
- A fairly steady proportion of over-65's.
- The growth increment from 1900 to 1980 is about 200 percent (or threefold).

Chart 2

GROWTH AND AGE DISTRIBUTION OF U.S. POPULATION, 1900-1980



GROWTH AND AGE DISTRIBUTION OF U.S. POPULATION, 1900-1980

This is the same data splitting at under- and over-30.
The under-30s lost ground from the beginning to the middle of the century, but are now gaining.

Chart 3

GROWTH AND AGE DISTRIBUTION OF U.S. POPULATION, 1900-1980

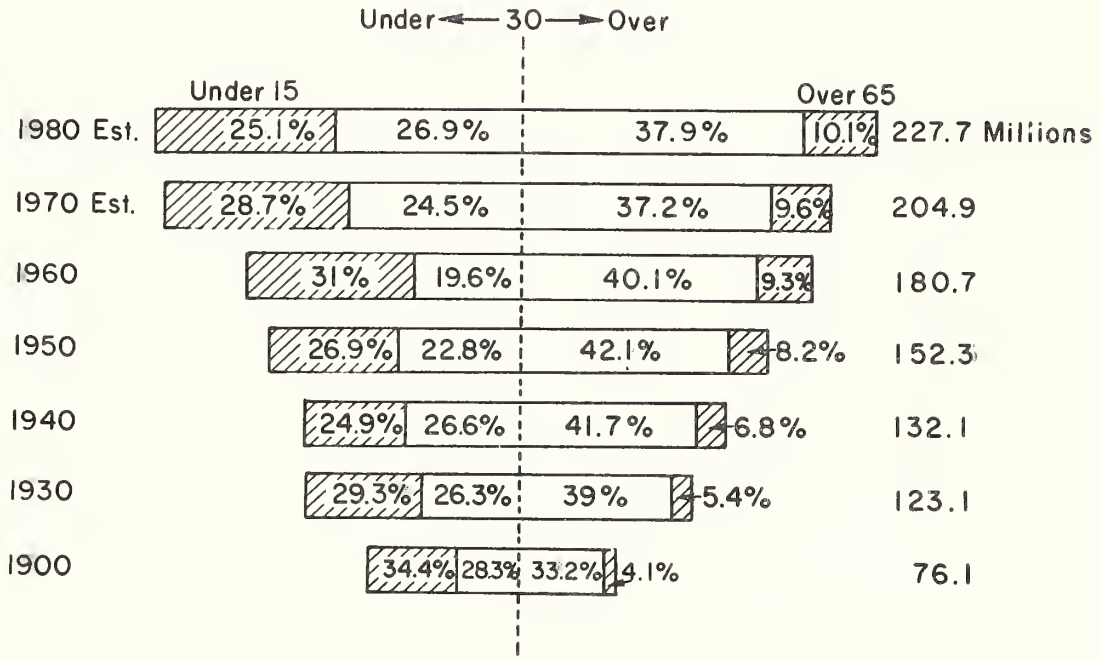


Chart 4

HYPOTHETICAL U.S. POPULATION IN 2015 A.D. BY FIVE-YEAR AGE GROUPS, ASSUMING AN ANNUAL REDUCTION OF 1 PERCENT

A goal of family planning programs is population stability, or birth control to match death control. If births were reduced each year by 1 percent of the expected total--approaching the reduction of the Depression years--births would equal deaths about the year 2015.

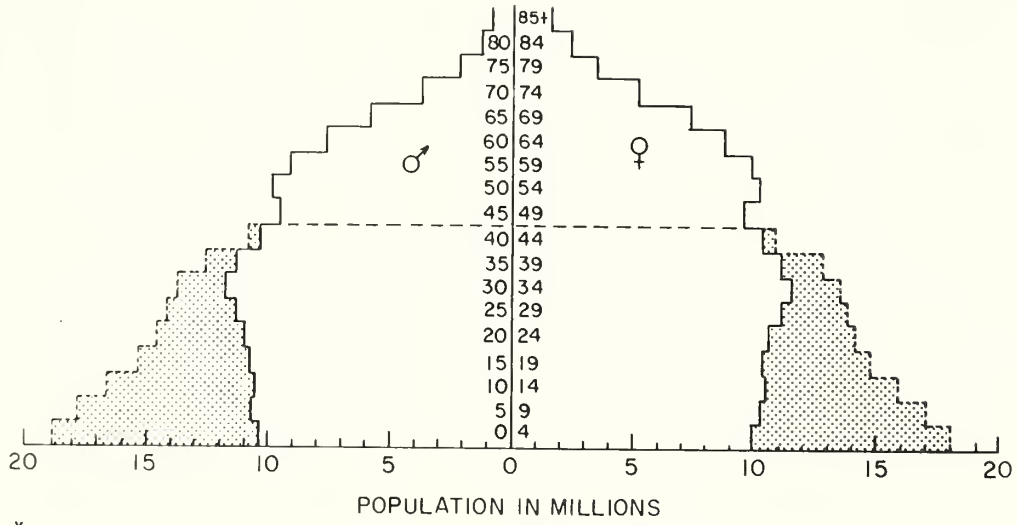
The outer line of the chart shows the expected population at that time, in five-year groupings, using a low fertility estimate.

The inner line represents the configuration resulting from our hypothetical reduction--303 million people versus the expected 375 million.

Those below the dotted line have been born since 1970.

Chart 4

HYPOTHETICAL U.S. POPULATION IN 2015 A.D. BY FIVE-YEAR AGE GROUPS, ASSUMING AN ANNUAL REDUCTION OF 1 PERCENT
303,137,000 V. 374,801,000*



*Based on the "C" estimate of expected fertility by the U.S. Bureau of the Census.

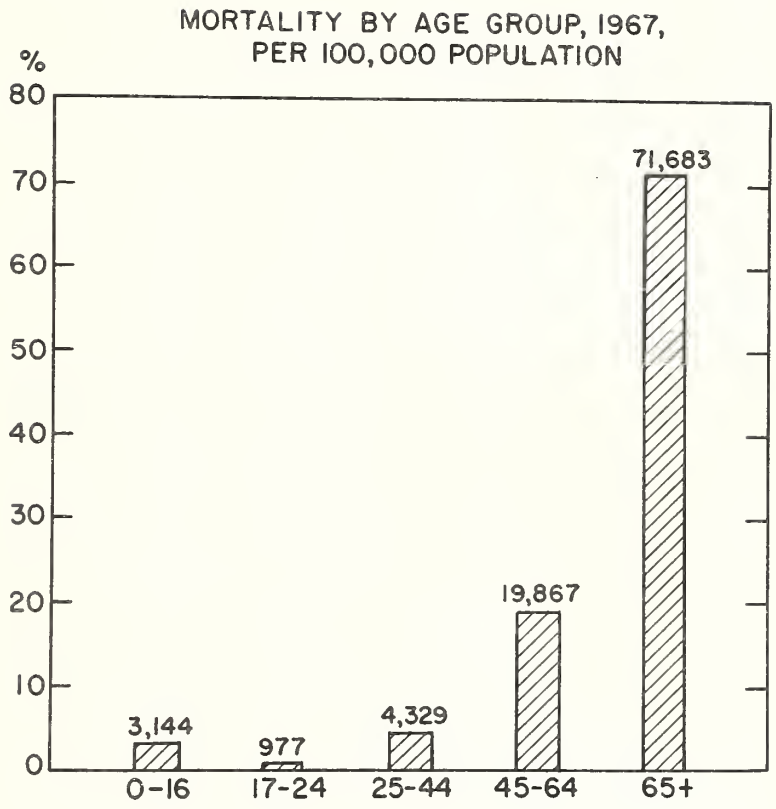
Chart 5

MORTALITY BY AGE GROUP, 1967

We begin the series on mortality.

- Since these are rates, a decimal point in the right place makes them percents.
- About 28 percent of deaths occur prematurely--that is, before age 65.
- It could be stated as a goal of medical research to eliminate the first 4 bars.
- The age groups are uneven, but permit analysis on the basis of dependence-independence. Deaths between 25 and 65, for example, have a strong economic impact.

Chart 5


MORTALITY BY AGE GROUP, 1967,
PER 100,000 POPULATION
%
80
70
60
50
40
30
20
10
0
3,144
977
4,329
19,867
71,683
0-16
17-24
25-44
45-64
65+

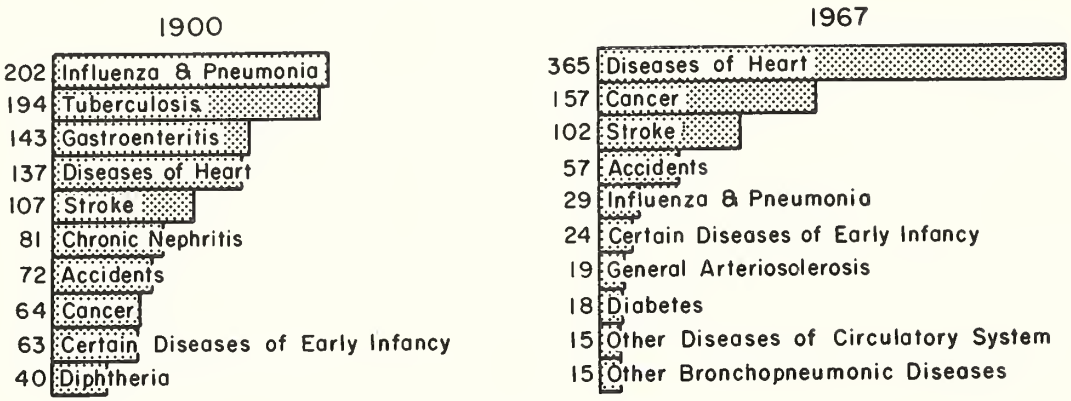
DEATH RATES FOR TEN LEADING CAUSES OF DEATH, U.S., 1900 and 1967

We have done this chart in two ways. Here the 10 leading causes are merely listed.

- Note the disappearance of chronic nephritis due to differences in nomenclature and diagnosis.
- In general, what is happening, of course, is that the reduction of infectious diseases is permitting us to die of chronic diseases a little later.

Chart 6

DEATH RATES FOR TEN LEADING CAUSES OF DEATH, U.S., 1900 AND 1967, PER 100,000 POPULATION



SELECTED CAUSES OF DEATH IN U.S. (1900 and 1967)

Here is another arrangement of 7 causes facilitating comparisons.

- The first 4 are the leading causes today.
- The next 3 were the leading causes in 1900.
- Influenza deaths vary greatly from year to year.
- Much of the increase in heart disease, cancer and stroke is due to the aging of the population.

Chart 7

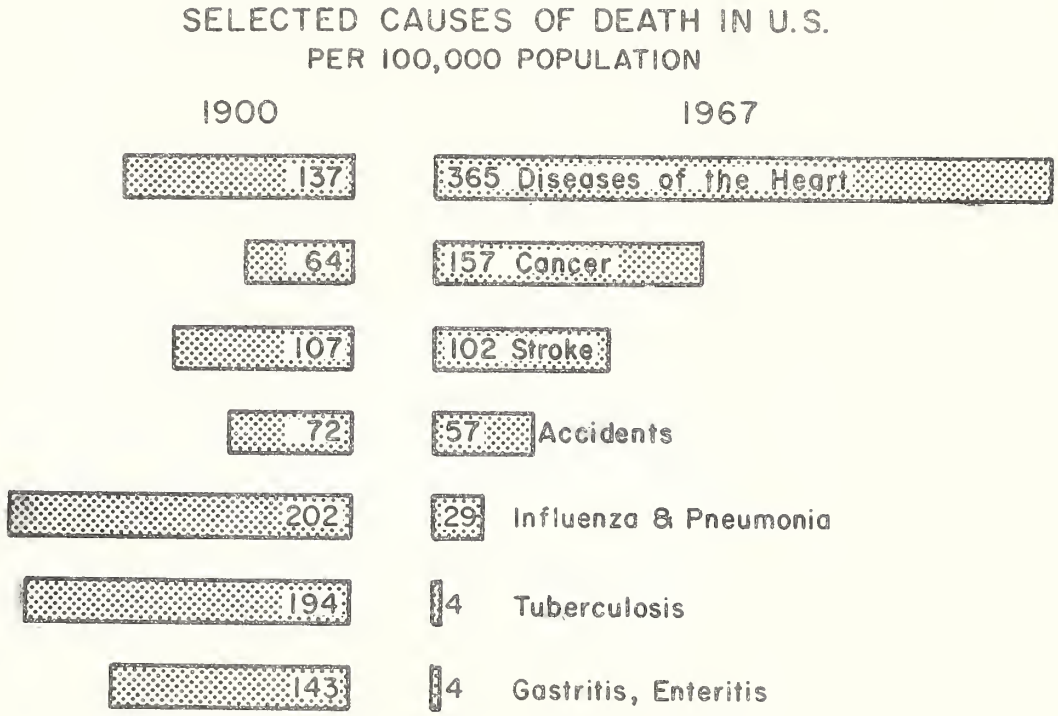

SELECTED CAUSES OF DEATH IN U.S.
PER 100,000 POPULATION
1900
1967
137
365 Diseases of the Heart
64
157 Cancer
107
102 Stroke
72
57 Accidents
202
29 Influenza & Pneumonia
194
4 Tuberculosis
143
4 Gastritis, Enteritis

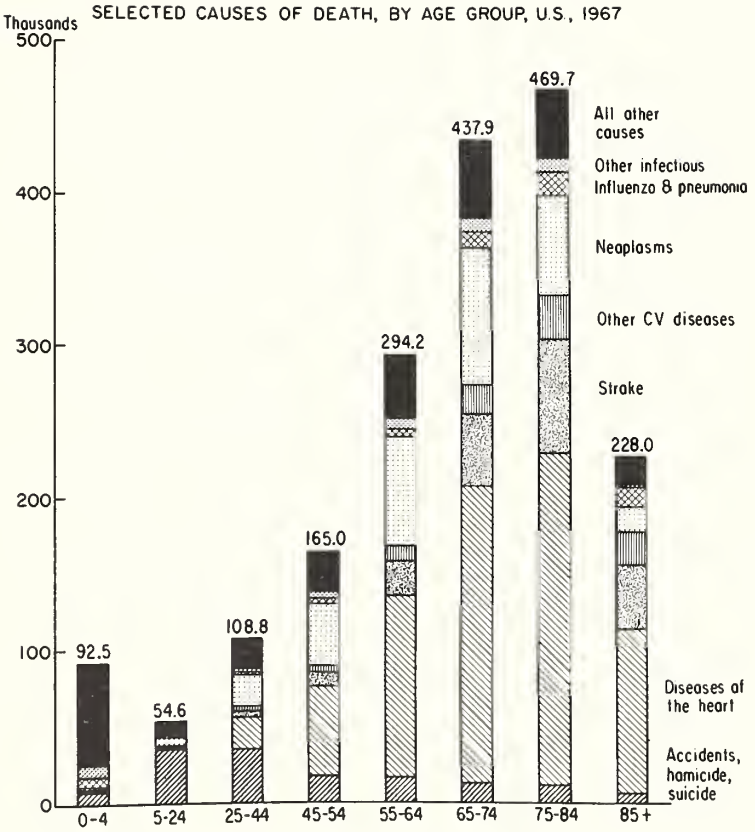
Chart 8

SELECTED CAUSES OF DEATH BY AGE GROUP, U.S., 1967

Here the age groups are symmetrical starting at 45 (10-year groups). The second and third groups, though, are 20 years.

- The first age group, 0-4, is anomalous. After that, there is consistency.
- Accidents show a surprising evenness--a slight gradual decline.
- Heart disease, a striking increase, even before age 65.
- The over-85's have a 3 out of 4 chance of dying of CV.
- Cancer begins to decline, absolutely and relatively, after the mid-70's.

Chart 8


SELECTED CAUSES OF DEATH, BY AGE GROUP, U.S., 1967
Thousands
500
400
300
200
100
0
92.5
54.6
108.8
165.0
294.2
437.9
469.7
228.0
All other causes
Other infectious Influenza & pneumonia
Neoplasms
Other CV diseases
Strake
Diseases of the heart
Accidents, homicide, suicide
0-4
5-24
25-44
45-54
55-64
65-74
75-84
85+

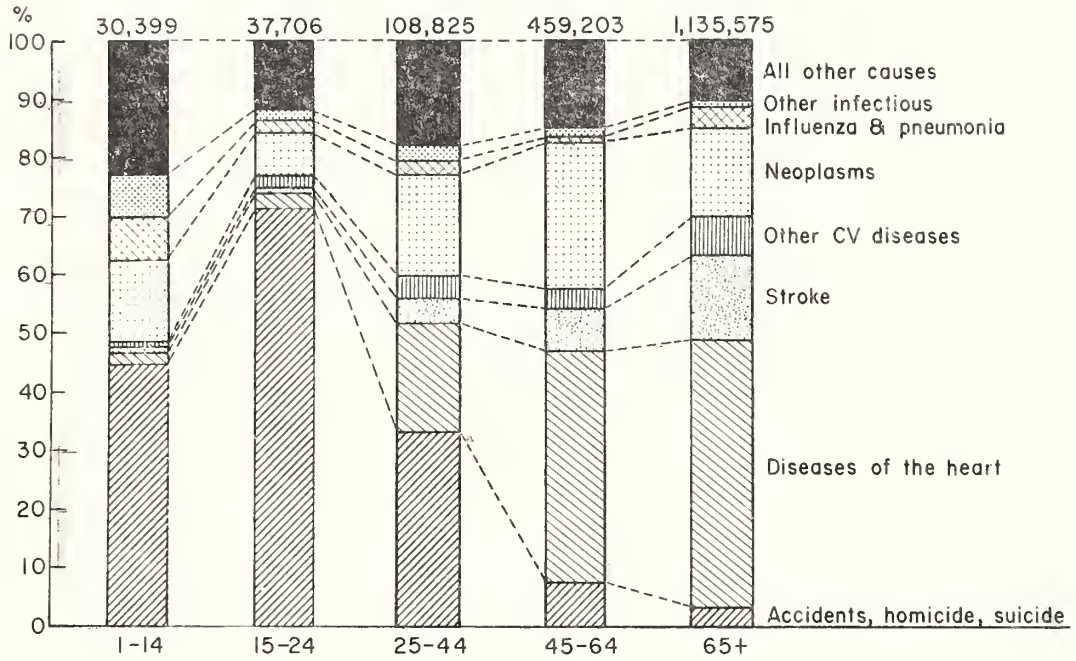
DEATHS FROM SELECTED CAUSES BY AGE GROUP, U.S., 1967

This shows the relative effect of the same diseases at various ages.

- Note the high rate of accidental deaths among young adults. (Not striking in the absolute, but this group is otherwise nearly invulnerable.)
- Only in children does infection account for a considerable percentage of deaths (14%).

Chart 9

DEATHS FROM SELECTED CAUSES BY AGE GROUP, U.S., 1967



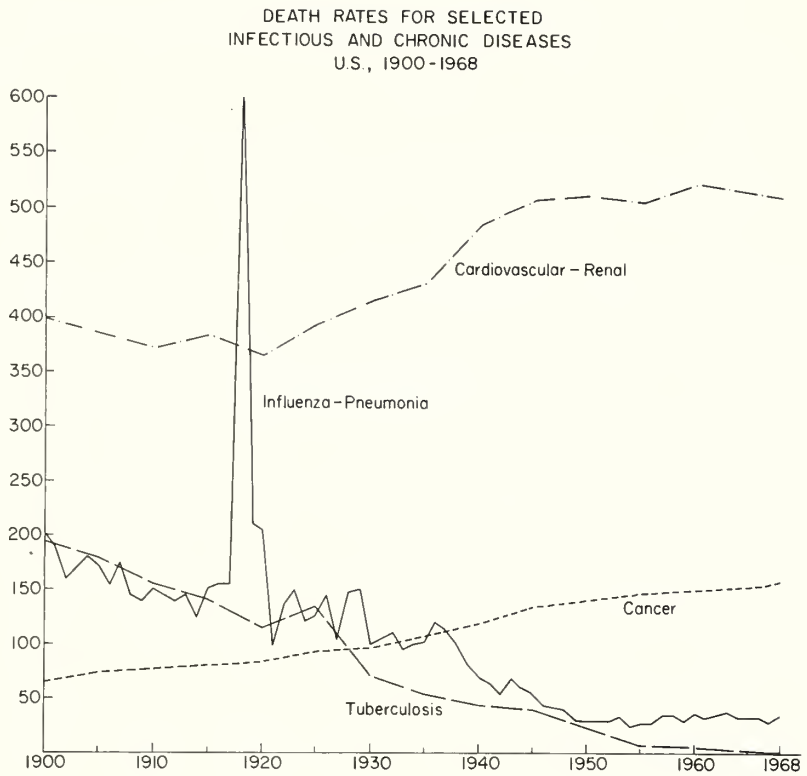
DEATH RATES FOR SELECTED INFECTIOUS AND CHRONIC DISEASES, U.S., 1900-1968

This familiar chart helps to show the rise in chronic diseases as infectious diseases decline.

We have extended it to 1968, plotting influenza-pneumonia deaths on a year-to-year basis.

The next five charts show less familiar data on mortality from lung diseases, some of which are attributable to environmental contaminents.

Chart 10


DEATH RATES FOR SELECTED
INFECTIOUS AND CHRONIC DISEASES
U.S., 1900-1968
600
550
500
450
400
350
300
250
200
150
100
50
1900
1910
1920
1930
1940
1950
1960
1968
Cardiovascular – Renal
Influenza – Pneumonia
Cancer
Tuberculosis

DEATH RATES FOR RESPIRATORY DISEASES, BY COLOR AND SEX, AGE-ADJUSTED, 1950-1967

Shows death rates for respiratory diseases other than influenza, pneumonia, lung cancer, and pulmonary tuberculosis.

The rates are age-adjusted. That is, to eliminate the differential effects of aging, the age distribution of the total population in 1950 has been held throughout.

Some of the disease represented here are the pneumoconioses(like silicosis), mycoses (like histoplasmosis), chronic bronchitis, emphysema, etc. (ICD 470-475, 500-527)

Males, both white and nonwhite, are rising--more rapidly for whites.

If we look now at age-specific rates for these groups, we see some trends that are obscured here.

Chart 11

DEATH RATES FOR RESPIRATORY DISEASES (excluding influenza, pneumonia, lung cancer and pulmonary tuberculosis) BY COLOR AND SEX, AGE ADJUSTED FOR AGE DISTRIBUTION OF TOTAL POPULATION IN 1950

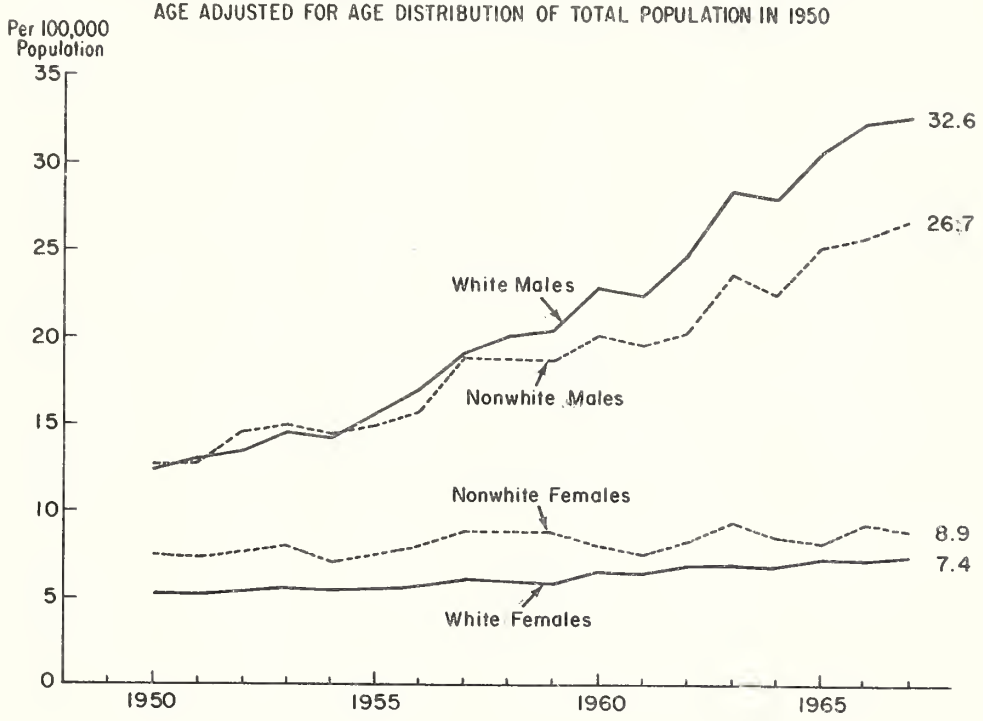


Chart 12

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM--WHITE MALES

The general downward trend reverses for the older age groups starting about 1948.

Most striking for ages 65-74 and 75-84, but also marked for 55-64 and 45-54. For 85+ and 35-44, the reversal occurs later--1955.

The upward trend for 55-64 starts earliest. This group was apparently old enough in the early 1930s to be affected by the cause or causes, whereas those much older were not affected until the cause became more prevalent.

Similar trends will be seen for nonwhite males and for females of both races, though the females are affected most prominently in the 35-64 age groups.

Chart 12

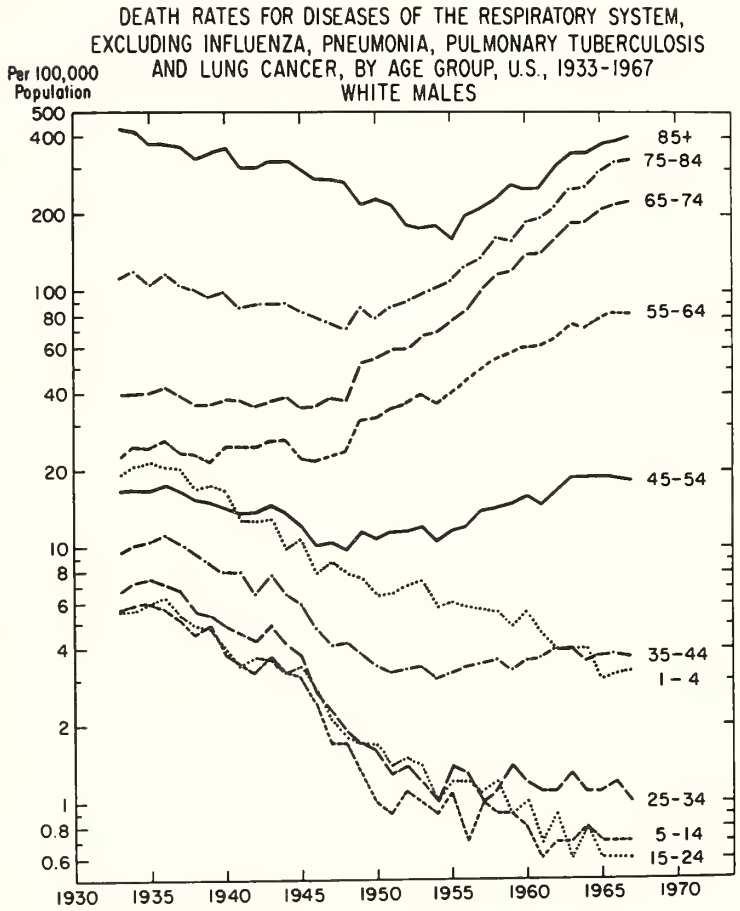

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM,
EXCLUDING INFLUENZA, PNEUMONIA, PULMONARY TUBERCULOSIS
AND LUNG CANCER, BY AGE GROUP, U.S., 1933-1967
WHITE MALES
Per 100,000 Population
500
400
200
100
80
60
40
20
10
8
6
4
2
1
0.8
0.6
1930
1935
1940
1945
1950
1955
1960
1965
1970
85+
75-84
65-74
55-64
45-54
35-44
1-4
25-34
5-14
15-24

Chart 13

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM--NONWHITE MALES

As compared with the white population, the effect of this group of diseases gradually becomes less significant with advancing age.

Note, for instance, that the rates for the 85+ group start and end at about 200, whereas they are twice that high for whites.

The difference obtains for all age groups above 55. This is probably due to the competitive effect of hypertensive heart disease among blacks.

Below age 55 the nonwhites are more vulnerable to these lung diseases than whites.

Chart 13

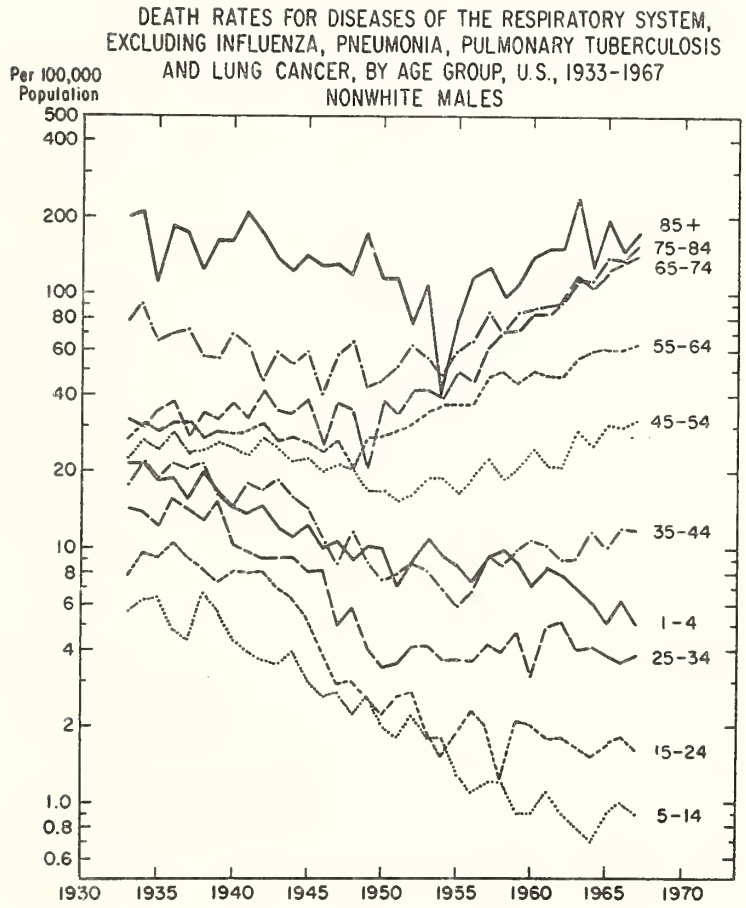

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM,
EXCLUDING INFLUENZA, PNEUMONIA, PULMONARY TUBERCULOSIS
AND LUNG CANCER, BY AGE GROUP, U.S., 1933-1967
NONWHITE MALES
Per 100,000 Population
500
400
200
100
80
60
40
20
10
8
6
4
2
1.0
0.8
0.6
1930
1935
1940
1945
1950
1955
1960
1965
1970
85+
75-84
65-74
55-64
45-54
35-44
1-4
25-34
15-24
5-14

Chart 14

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM--WHITE FEMALES

It is clear that females are showing the same trends as males--an upturn in deaths from these lung diseases for ages 35 and over. The turn occurs earliest for the middle-aged--45-64.

But an upward turn for males aged 55-64 began as early as 1945. For females, it begins at about 1950.

The older females are not yet affected to the same extent as males.

Chart 14

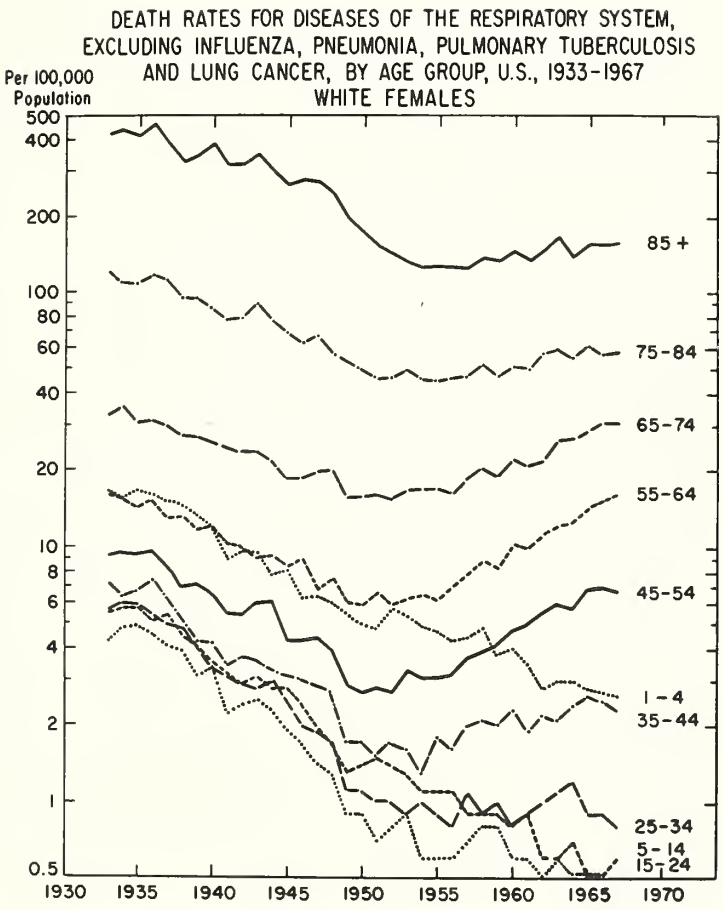

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM,
EXCLUDING INFLUENZA, PNEUMONIA, PULMONARY TUBERCULOSIS
AND LUNG CANCER, BY AGE GROUP, U.S., 1933-1967
WHITE FEMALES
Per 100,000 Population
500
400
200
100
80
60
40
20
10
8
6
4
2
1
0.5
1930
1935
1940
1945
1950
1955
1960
1965
1970
85 +
75-84
65-74
55-64
45-54
1-4
35-44
25-34
5-14
15-24

Chart 15

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM--NONWHITE FEMALES

The pattern here is much the same as for white females with respect to the reversal of downward trends, prominent in the middle age groups, 35 through 74.

The upturn seems to begin about 1945 or '50 in the 65-74 group, perhaps a little earlier than for whites.

Nonwhite as well as white females show the same striking difference in rates from males of both races in the older age groups. They are not yet markedly affected.

Again the rates for nonwhites are about half as high as for whites in the oldest group, whereas rates for young women, say 25 through 45, range to 3 times as high.

In overall incidence at the start (1933), there is great consistency with color. In the reversal of age-specific death rates, there is consistency with sex.

Chart 15

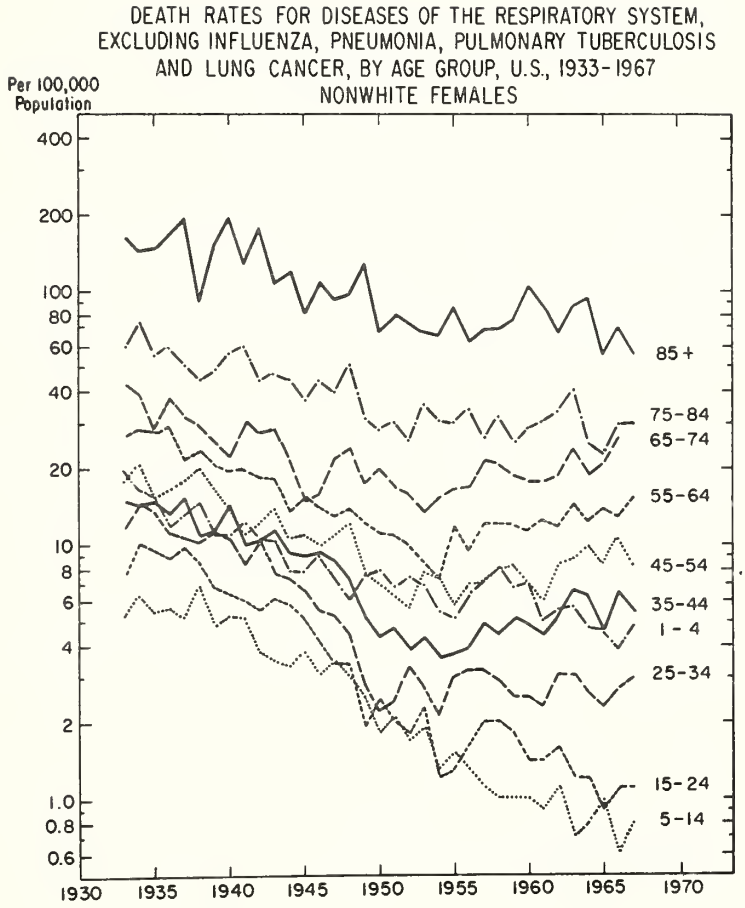

DEATH RATES FOR DISEASES OF THE RESPIRATORY SYSTEM,
EXCLUDING INFLUENZA, PNEUMONIA, PULMONARY TUBERCULOSIS
AND LUNG CANCER, BY AGE GROUP, U.S., 1933-1967
NONWHITE FEMALES
Per 100,000 Population
400
200
100
80
60
40
20
10
8
6
4
2
1.0
0.8
0.6
1930
1935
1940
1945
1950
1955
1960
1965
1970
85+
75-84
65-74
55-64
45-54
35-44
1-4
25-34
15-24
5-14

Chart 16

INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH, U.S., 1930-1961

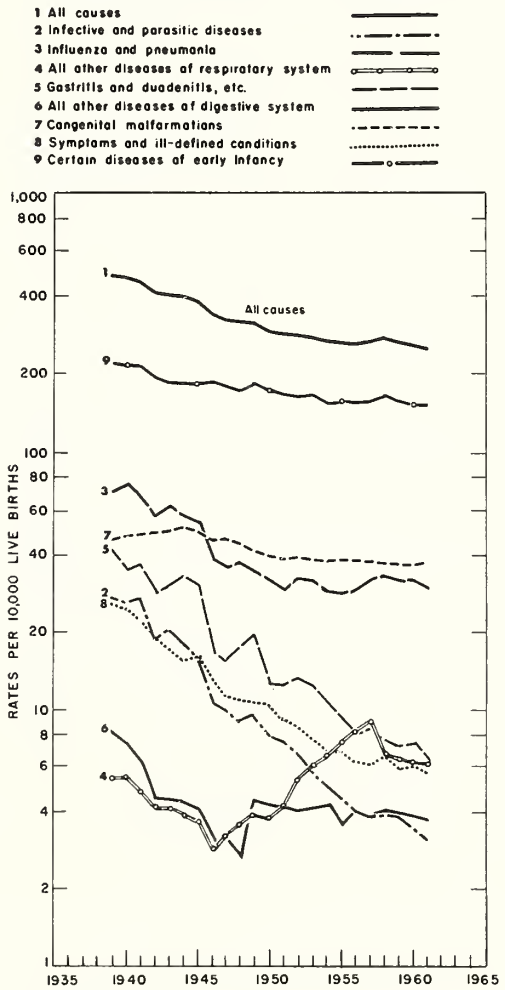
This chart begins a sequence on trends in infant mortality. It shows death rates by cause in the U.S., 1930-1961. Certain diseases of the respiratory system rose steadily for a decade, reflecting interest in pulmonary conditions such as hyaline membrane disease (line 4). Only congenital malformations (7) show no significant change.

This series is taken from two NCHS projects--"Infant and Perinatal Mortality in the U.S." and "International Comparison of Perinatal and Infant Mortality: The U.S. and Six West European Countries."

- In the former study, the focus is on the lack of sizable decreases in the U.S. rates during the 1950s.
- The second study focuses on experience in other developed countries, seeking data for revealing comparisons.

Chart 16

INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH, U.S., 1930-1961



Source: NCHS

Chart 17

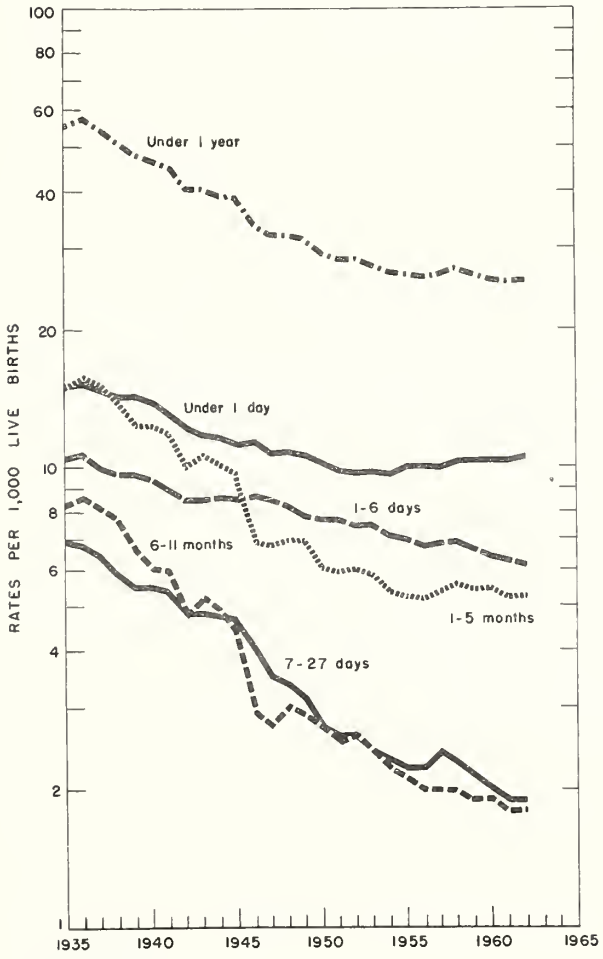
INFANT MORTALITY RATES BY AGE, U.S., 1935-1962

This chart shows trends in infant mortality in the U.S. by age at death, 1935-1962.

- Overall infant mortality rate was reduced about 50 percent from 1935 to 1962.
- Mortality in the 1st day of life dropped gradually between 1935 & 1951, leveled off from 1951-1955, and has increased slightly since 1955.
- Mortality rates for other ages have continued to drop, with some leveling-off tendencies in the 1-5 months group.
- Pronounced sharp decline in post-neonatal mortality rate (1-5 and 6-11 months) is seen in the decade from 1937-47. Since World War II the decline has been more gradual.

Chart 17

INFANT MORTALITY RATES BY AGE, U.S., 1935-1962



Source: NCHS

Chart 18

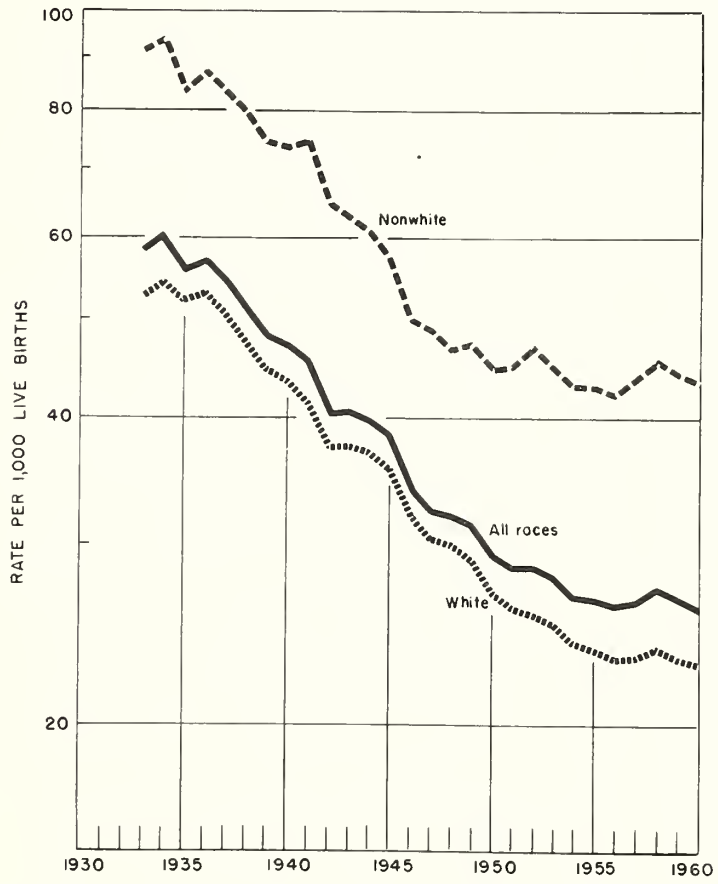
INFANT MORTALITY RATES BY COLOR, U.S., 1933-1960

This shows infant mortality rates for all races combined and for nonwhite and white, 1933-1960, against a log scale.

- Overall death rates for both groups were cut in half between 1935 and 1955.
- Decline was sharpest prior to 1950.
- Beginning in 1950, the rate of decrease for all races dropped to one-third of that for 1933-50, as a result of the leveling off of the rates for nonwhites.
- In 1960 the rate for nonwhite stood at nearly twice that for white.

Chart 18

INFANT MORTALITY RATES BY COLOR, U.S., 1933-1960



Source: NCHS

Chart 20

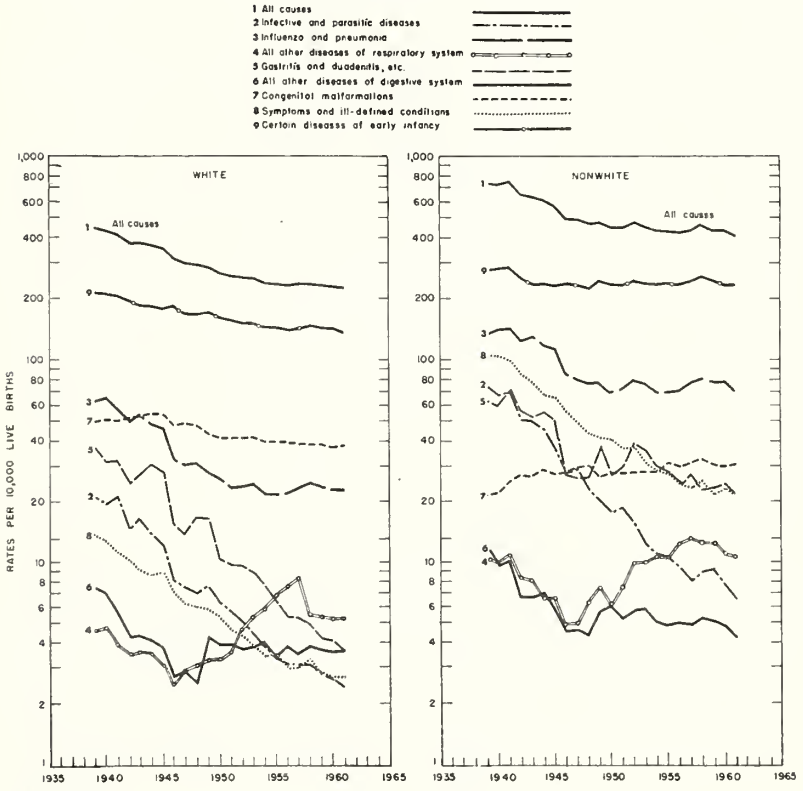
INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH, BY COLOR, U.S., 1939-1961

These two panels compare trends by color for selected causes of infant death from 1939 to 1961.

- Death rates from infective and parasitic diseases (line 2) have dropped to a tenth of what they were 20-25 years ago, but there is a notable difference in the rate for the two racial groups.
- The category indicated as "symptoms and ill-defined conditions" (line 8) shows a marked decrease in both groupings. In 1939 1 in 7 were so classified; in 1961, only 1 in 20. This brought increases in other disease categories, such as congenital malformations (line 7) for nonwhite infants.
- Congenital malformation rates for both white and nonwhite infants have undergone only slight changes over the years. The rates have been lower for the nonwhite group, but have tended to converge.

Chart 20

INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH, BY COLOR, U.S., 1939-1961



Source: NCHS

INFANT MORTALITY RATES FOR SELECTED COUNTRIES,* 1935-1964
(Deaths under 1 year of age)

Infant mortality rates for selected countries were compiled in studies by NCHS contractors from the countries themselves.

- All 7 countries had significant reductions in infant death rates, ranging from 55 to 72 percent.
- Despite the Depression and World War II, sharpest declines were in the 1930s and 1940s.
- World War II period showed irregularities, particularly in the Netherlands, where rate almost doubled between 1944 and 1945.
- Omission of the nonwhite data for the U.S. would lower the rate only 2 or 3 at 1960.

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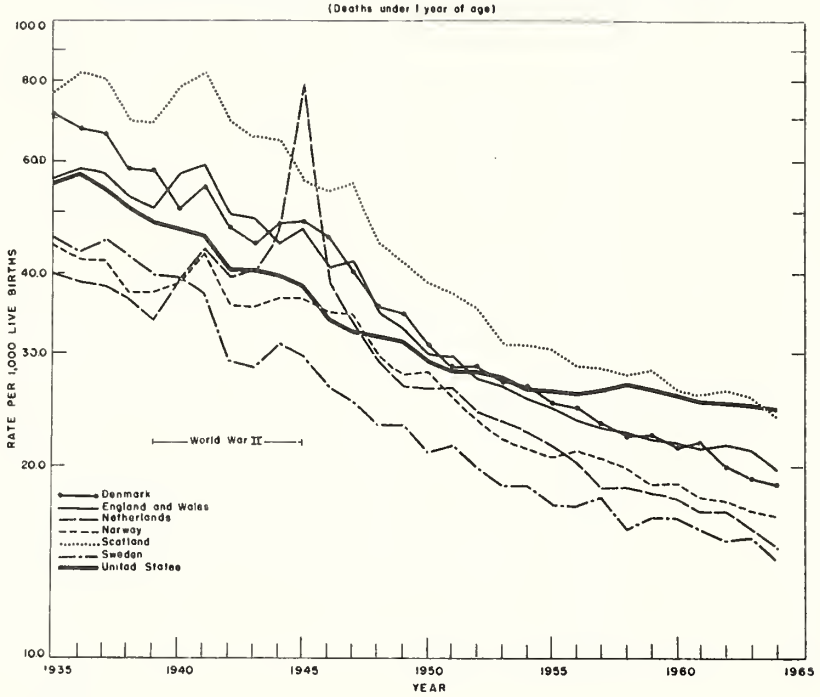
* Denmark ●——● Norway ------
England-Wales _____ Scotland ..... United States ▬▬
Netherlands __ __ Sweden __.__

Chart 21

INFANT MORTALITY RATES FOR SELECTED COUNTRIES, 1935-1964



Source: NCHS

Chart 22

INFANT MORTALITY RATES BY CAUSE FOR SELECTED COUNTRIES*, 1950-1964
(Deaths under 1 year of age)

This chart compares infant death rates by country in four categories of disease, 1950 to 1964.

A. Infective & parasitic diseases--generally downward, but with considerable fluctuation from year to year. In this panel and the one below it, Sweden is considerably lower than the other nations.

B. Influenza & pneumonia--generally downward, with fluctuations less pronounced from year to year.

C. Gastritis, duodenitis, enteritis, colitis--sharp fluctuation from year to year and wide spread between nations.

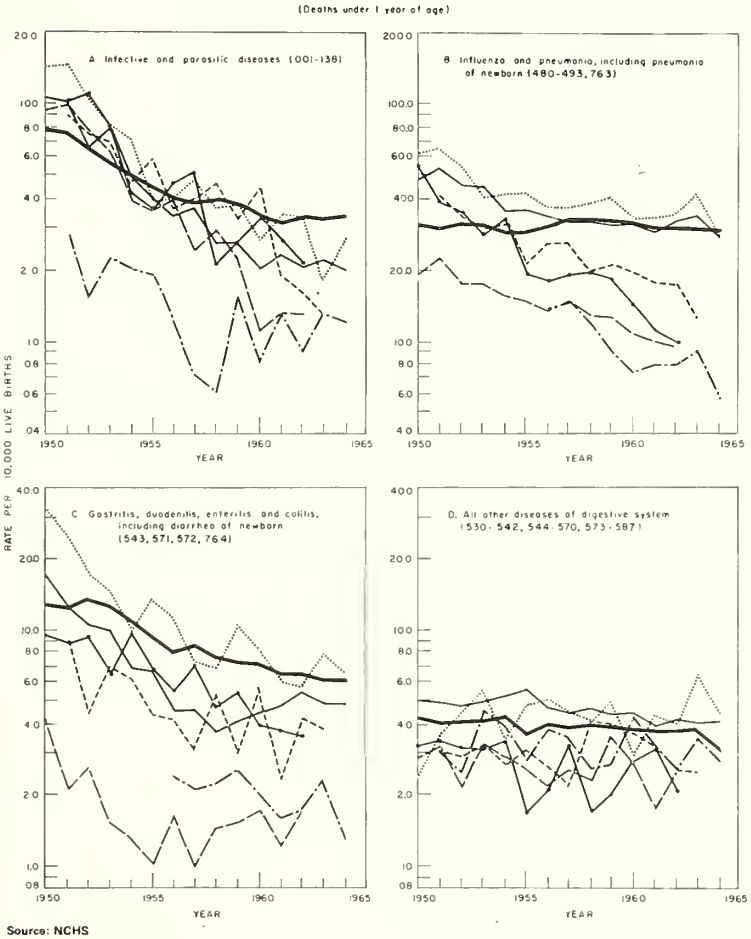
D. All other diseases of digestive system--lines clumped & jagged.

In general, deaths from exogenous or controllable causes tend to vary widely from country to country, while those from endogenous causes tend to cluster. Compare gastritis with congenital malformations in the next chart.

*Same key as previous and following charts.

Chart 22

INFANT MORTALITY RATES BY CAUSE FOR SELECTED COUNTRIES, 1950-1964


(Deaths under 1 year of age)
A Infective and parasitic diseases (001-138)
B Influenza and pneumonia, including pneumonia of newborn (480-493, 763)
C Gastritis, duodenitis, enteritis and colitis, including diarrhea of newborn (543, 571, 572, 764)
D. All other diseases of digestive system (530-542, 544-570, 573-587)
RATE PER 10,000 LIVE BIRTHS
YEAR
1950
1955
1960
1965

Source: NCHS

Chart 23

INFANT MORTALITY RATES BY CAUSE FOR SELECTED COUNTRIES, 1950-1964 (Deaths under 1 year of age)--Continued.

This factor of cluster for the uncontrollable causes indicates a high degree of comparability in the data.

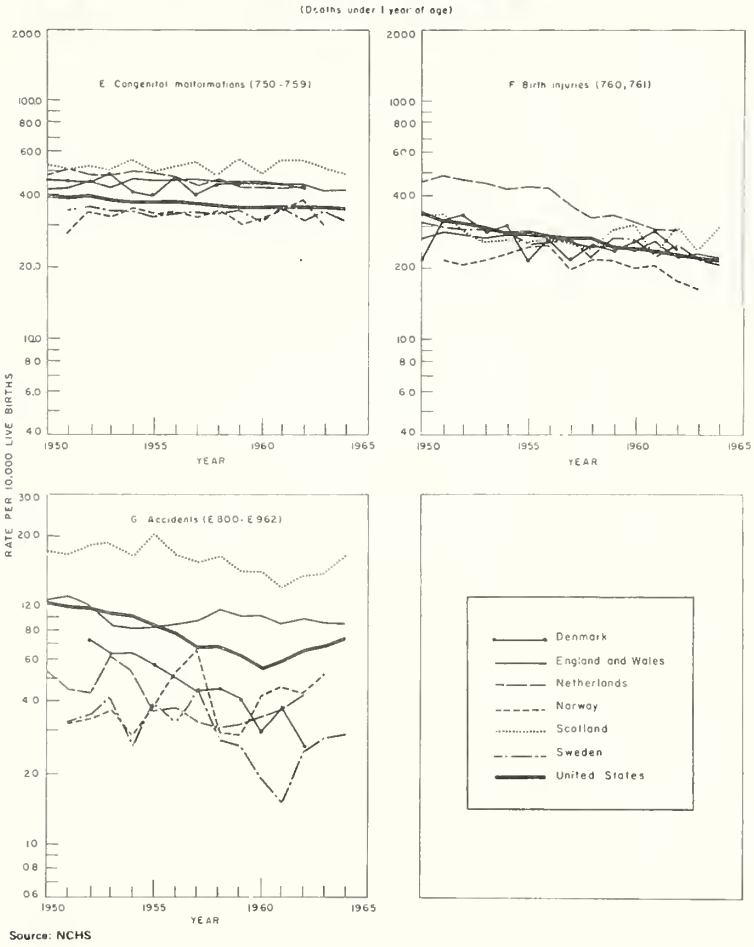
- Congenital malformations--lines relatively flat, with Scotland running higher than the other nations.
- Birth injuries--rate varies from smooth slight decline to unstable. The Netherlands is much higher than the others, and Norway appreciably lower.
- Accidents--greater variation among countries. Again Scotland is highest, Sweden lowest.

In comparing the U.S. with countries of lower infant mortality, the factor that seems most in need of further investigation is birth weight. U.S. has a higher proportion of low weight infants, and this seems to be slowly rising.

The U.S. has an estimated excess of loss of 40,000 infants annually.

Chart 23

INFANT MORTALITY RATES BY CAUSE FOR SELECTED COUNTRIES, 1950-1964 (cont.)



Source: NCHS

MORTALITY FROM HEART DISEASE, CANCER AND STROKE, 1967

Back to the 3 leading causes of death, showing--

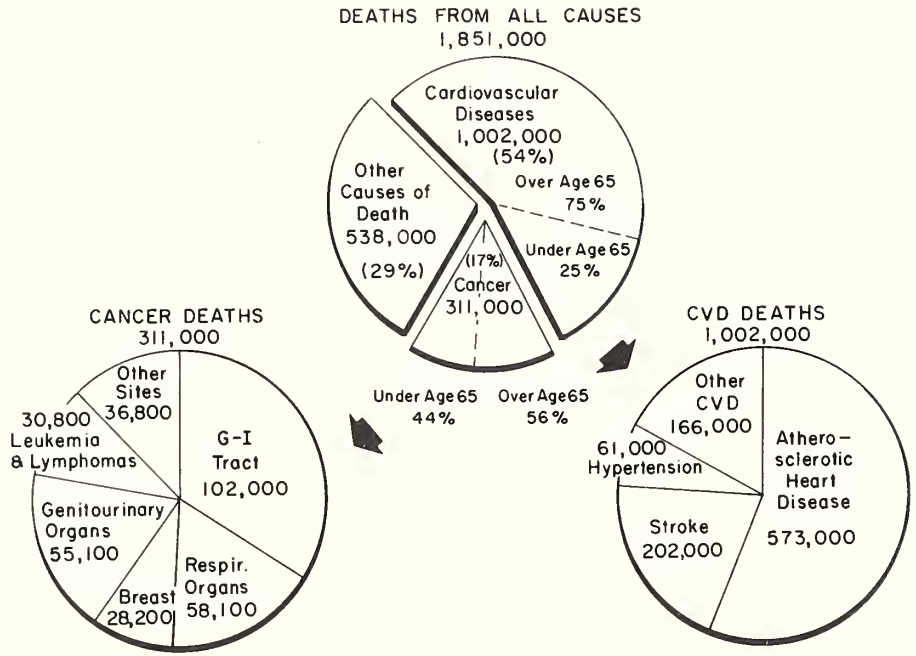
- Their high proportion of all deaths (71 percent).
- That a quarter of CV deaths occur under age 65.
- That over 2/5 of cancer deaths occur under age 65.

The analysis of cancer deaths is given by site, CV deaths by specific type.

- By far the largest disease killer--larger than all cancer, for instance--is atherosclerosis.
- The most rapidly increasing is respiratory cancer.

Chart 24

MORTALITY FROM HEART DISEASE, CANCER AND STROKE, 1967



LIFE EXPECTANCY (from birth and age 45, for 1900 and 1967)

A simple chart brought up to date.

- Showing that the increase in life expectancy from birth has increased by 45 percent, but from middle age by only 20 percent.
- This is due, of course, to the relative decline in infectious disease.

Chart 25

LIFE EXPECTANCY

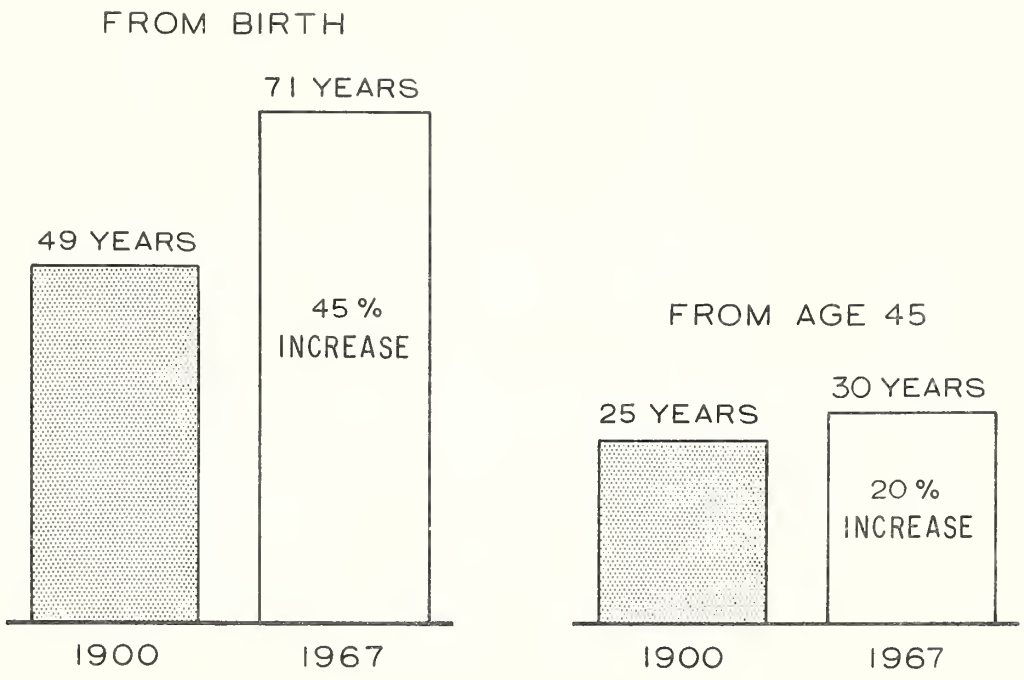


Chart 26

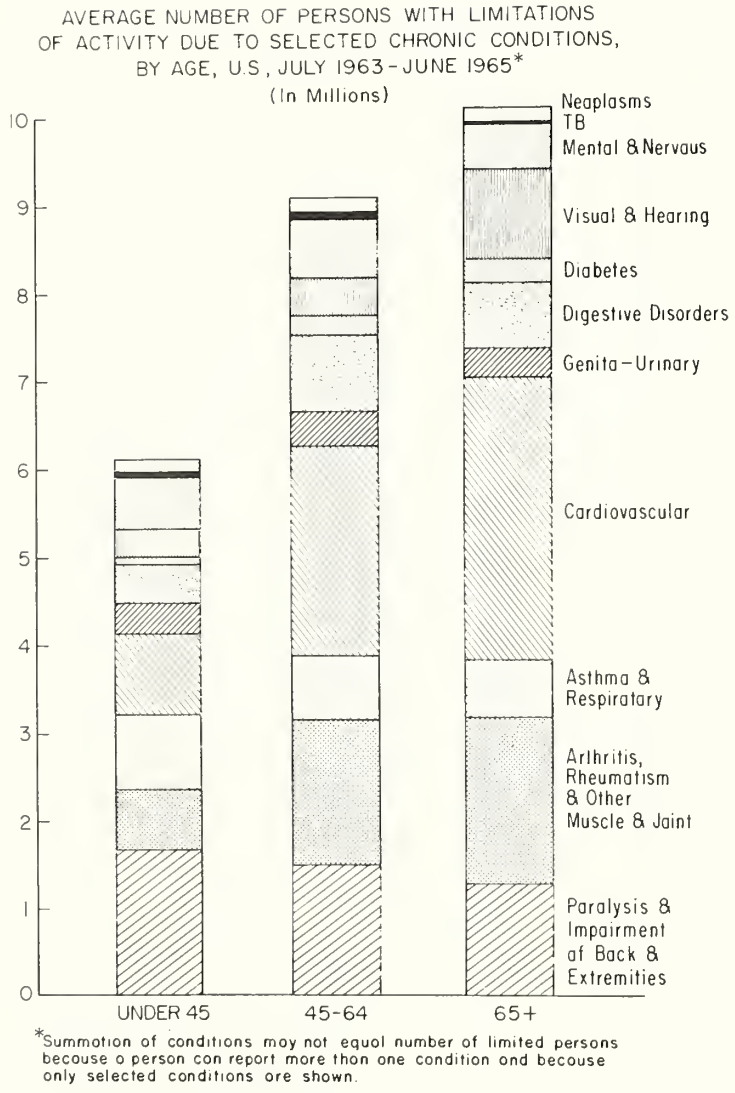
AVERAGE NUMBER OF PERSONS WITH LIMITATIONS OF ACTIVITY DUE TO SELECTED CHRONIC CONDITIONS, BY AGE, U.S., July 1963-June 1965

Now we begin to look at morbidity as measured by health interviews.

The footnote says, "Summation of conditions may not equal number of limited persons because a person can report more than one condition and because only selected conditions are shown."

- Heart disease is the main chronic cause of disability from age 45 on.
- Only heart disease and sensory impairments increase significantly after 65.
- The decline in paralysis and impairment of back and extremities is probably a decline in limitation due to less active effort.

Chart 26



*Summation of conditions may not equal number of limited persons because a person can report more than one condition and because only selected conditions are shown.

LOST WORK DAYS ASSOCIATED WITH ACUTE CONDITIONS, U.S., July 1967 to June 1968

The interviews in the Health Interview Survey during FY 1968 were conducted every week by trained personnel of the Bureau of the Census. [covering 134,000 people in 42,000 households] Questioned concerning the past 2 weeks.

Acute conditions are defined as illnesses or injuries involving medical attention or reduced activity. They caused an average of 8 days of restricted activity per person per year.

- Lost work days are shown in the chart--256 million.
- The incidence rate among currently employed persons was 152 days per 100 persons per year.
- This caused them to lose an average of 3.4 days from work during the year.

Chart 27

LOST WORK DAYS ASSOCIATED WITH ACUTE CONDITIONS,
U.S., JULY 1967 TO JUNE 1968
(In Millions)

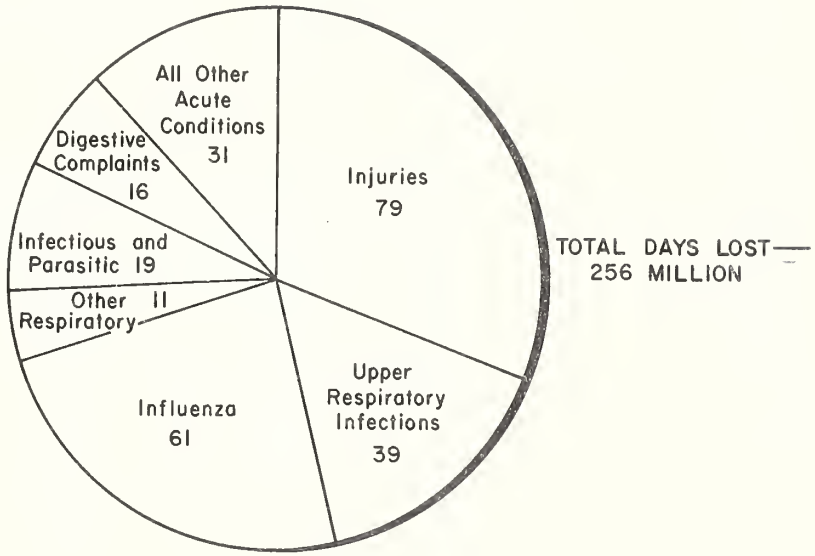


Chart 28

LOST WORK DAYS ASSOCIATED WITH ACUTE CONDITIONS, BY AGE GROUP, U.S., July 1967 to June 1968

The lost work days are broken down by age group.

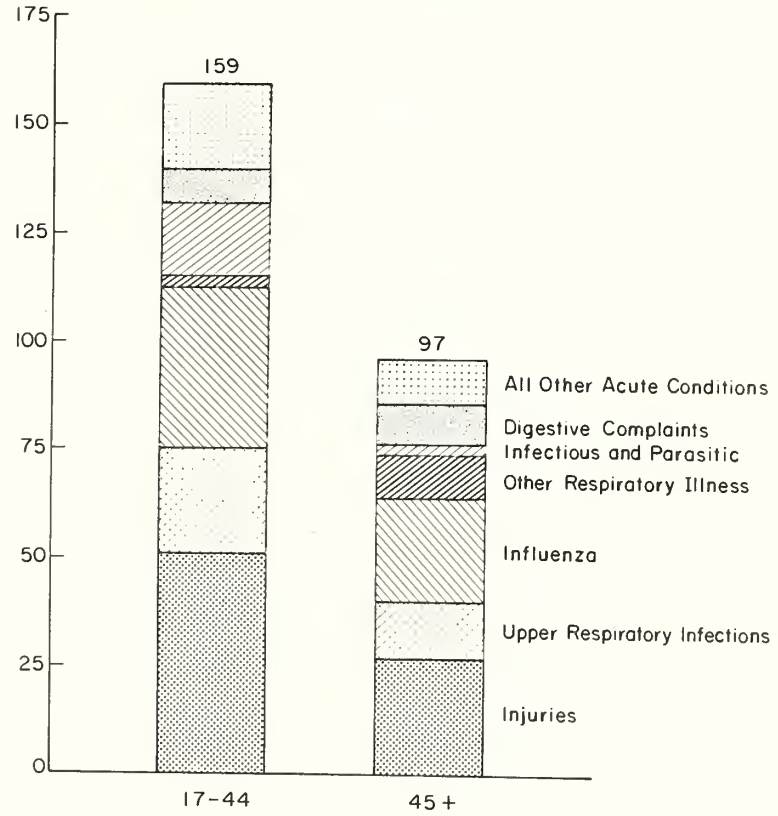
- In general, as age increased, the incidence rate of acute conditions declined.

- Influenza-like illnesses were a notable exception, where the highest rate was reported for school children 6-16.

Some interesting analyses by geographic region, place of residence, seasonal variation, etc. are also available. For instance, in the next chart--

Chart 28

LOST WORK DAYS ASSOCIATED WITH ACUTE CONDITIONS,
BY AGE GROUP, U.S., JULY 1967 TO JUNE 1968
(In Millions)



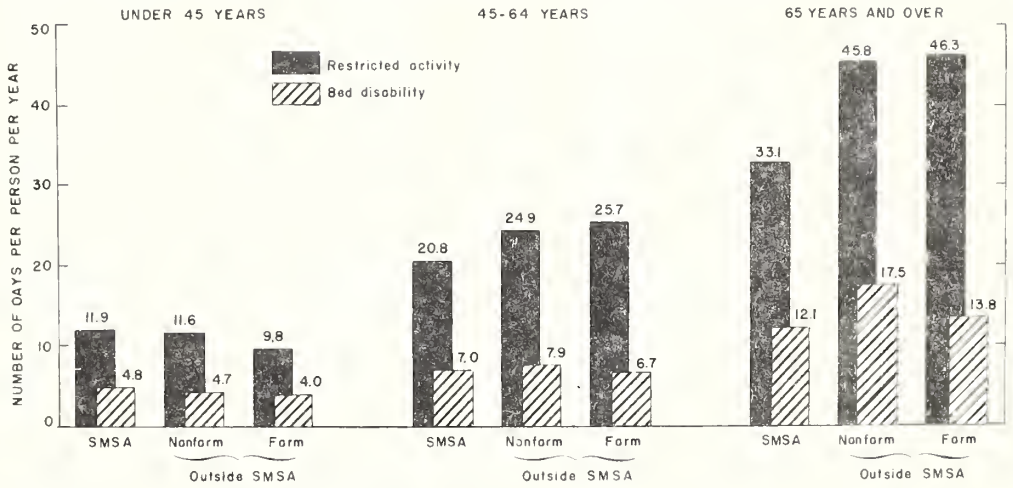
NUMBER OF DISABILITY DAYS PER PERSON PER YEAR, BY AGE AND RESIDENCE

We see a distribution of disability days by age and residence.

- SMSA = "standard metropolitan statistical areas" as defined for the 1960 decennial census.
- There is little difference in the incidence rates by place of residence within the first two age groups, particularly as measured by bed disability.
- On the other hand, older nonfarm residents living outside metropolitan areas show higher rates of bed disability than urban or farm dwellers. The difference was among males only.

Chart 29

NUMBER OF DISABILITY DAYS PER PERSON PER YEAR, BY AGE AND RESIDENCE *



* From NCHS interview data, U.S., July 1963-June 1965.

Chart 30

NUMBER OF CONDITIONS CAUSING ACTIVITY LIMITATIONS PER 1,000 POPULATION, BY SELECTED CONDITION CATEGORIES AND FAMILY INCOME

Prevalence estimates measure illness in terms of cases the respondent is aware of, remembers, and considers sufficiently important to report.

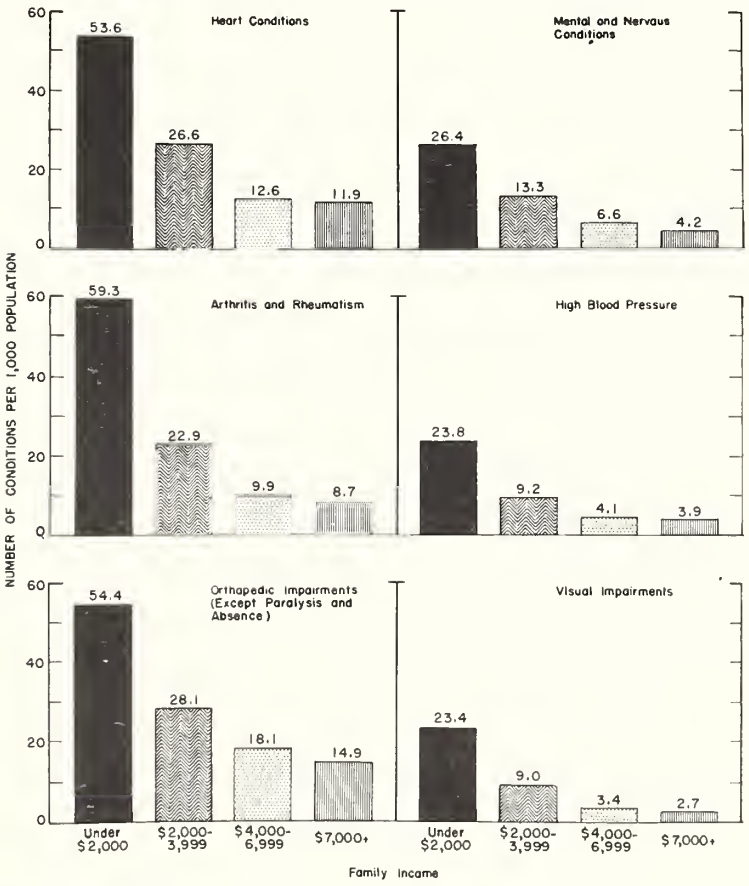
- Some questions refer to illnesses during the 2 weeks prior to the week of interview.
- Others, to conditions and impairments prevalent at the time of interview. [Mention check lists.]

Chart shows the leading causes of activity limitation in the U.S.

- Among the 81 million persons with one or more chronic illnesses 22.7 million had limited activity. Of these, 39 percent had more than one condition causing the limitation.
- Heart conditions, arthritis and rheumatism, and orthopedic impairments limit the most people and correlate strongly with income.

Chart 30

NUMBER OF CONDITIONS CAUSING ACTIVITY LIMITATIONS PER 1,000 POPULATION, BY SELECTED CONDITION CATEGORIES AND FAMILY INCOME *



* From NCHS interview data, U.S., July 1962-June 1963.

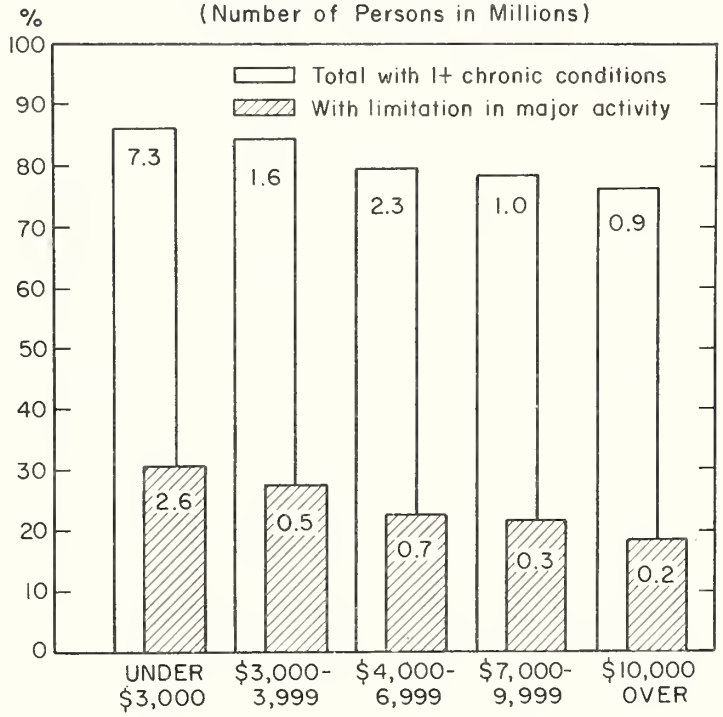
PERSONS WITH CHRONIC CONDITIONS AS A PERCENT OF TOTAL U.S. POPULATION AGED 65-AND-OVER, BY FAMILY INCOME, July 1963-June 1964

Because the lower income groups are weighted by their high proportion of old people, we did some charts on the 65-and-over group.

- The numbers in the bars show that a high proportion of this population receives a low income.
- But the association between income and illness is not remarkable.
- We see that about 85 percent of the old people in the lowest income group have chronic conditions, as compared with about 77 percent in the highest group.
- There is a little more slope to the "limitation in major activity" line--from about 30 percent to less than 20.

Chart 31

PERSONS WITH CHRONIC CONDITIONS AS A PERCENT OF TOTAL U.S. POPULATION AGED 65-AND-OVER, BY FAMILY INCOME, JULY 1963-JUNE 1964
(Number of Persons in Millions)



PHYSICIANS' VISITS AND DAYS OF RESTRICTED ACTIVITY, BY FAMILY INCOME, PER PERSON PER YEAR

We looked for a measure of medical attention to plot against a measure of illness, by income. The left scale shows physician's visits, the right shows days of restricted activity.

- Disability days drop from 26 a year to about half that number, again a result largely of age composition. [240 should read 26.0]

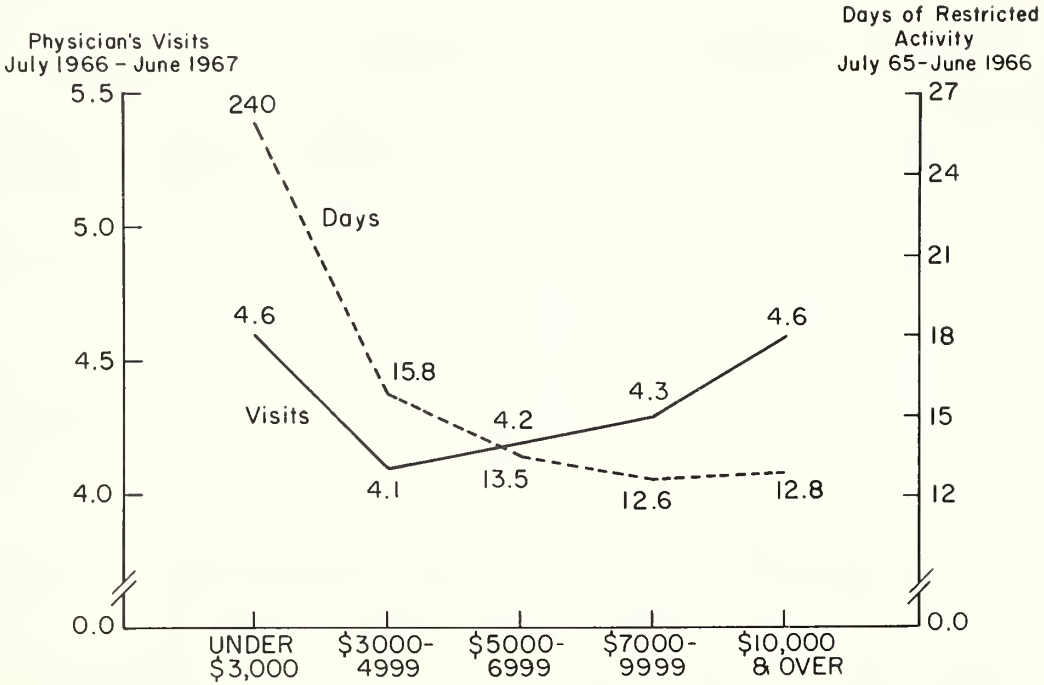
- Visits drop off at first, but then rise to about the same point--4-1/2 a year. Age may account for the initial high point.

- From $3000 on, the association with income is not impressive.

But let's look at the fine texture.

Chart 32

PHYSICIANS' VISITS AND DAYS OF RESTRICTED ACTIVITY, BY FAMILY INCOME, PER PERSON PER YEAR



PERCENT OF POPULATION WITH PHYSICIAN VISITS WITHIN A YEAR, BY AGE AND FAMILY INCOME

This chart plots physicians' visits against income for three age groups.

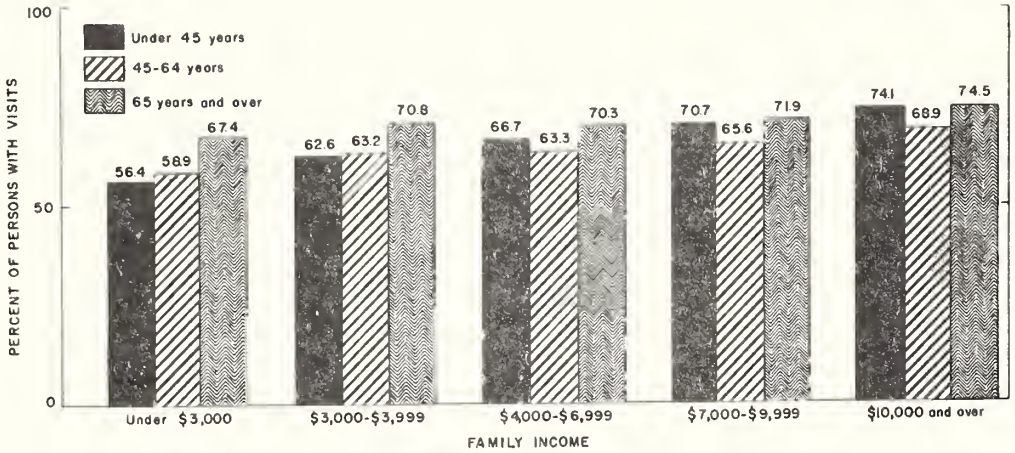
- The youngest group shows the greatest differential in visits--from 56 percent of those in the lowest income bracket to 74 percent in the highest.

- The oldest group shows the smallest differential--from 67 percent of the population to 75 percent.

Although these interviews predated Medicare, a low family income evidently did not keep the older people away from the doctor.

Chart 33

PERCENT OF POPULATION WITH PHYSICIAN VISITS WITHIN A YEAR, BY AGE AND FAMILY INCOME *



* From NCHS interview data, U.S., July 1963-June 1965.

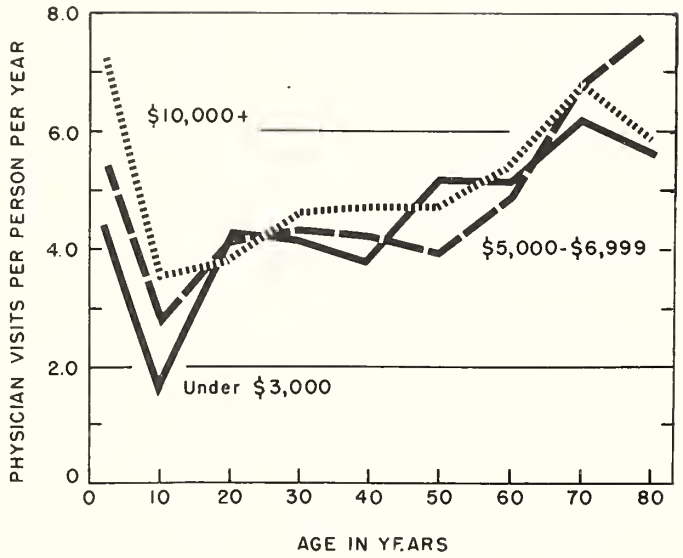
NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY FAMILY INCOME AND AGE

We get about the same impression from this graph.

- Children are either healthier or not as well cared for at the lower family-income level.
- At age 65 the lines more-or-less converge.

Chart 34

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY FAMILY INCOME AND AGE *



*** From NCHS interview data, U.S., July 1966-June 1967.**

Chart 35

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY CHRONIC CONDITION AND ACTIVITY LIMITATION STATUS AND AGE

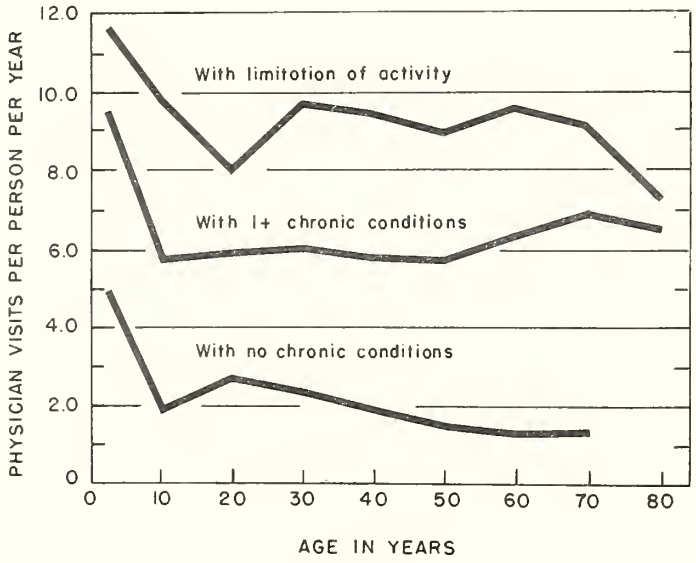
This is an attempt to determine how medical attention varies with age for those who report a health problem.

- Those with an activity limitation see the doctor nearly 12 times a year as infants, about 8 times at age 20, and continue to see him about 10 times a year until old age--then drop off.

- Those with no chronic conditions tend to avoid the doctor, at least until age 70.

Chart 35

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY CHRONIC CONDITION AND ACTIVITY LIMITATION STATUS AND AGE *



* From NCHS interview data, U.S., July 1966-June 1967.

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY EDUCATION OF HEAD OF FAMILY AND AGE

As the level of education attained by the head of the family rises, the annual number of physician visits also increases.

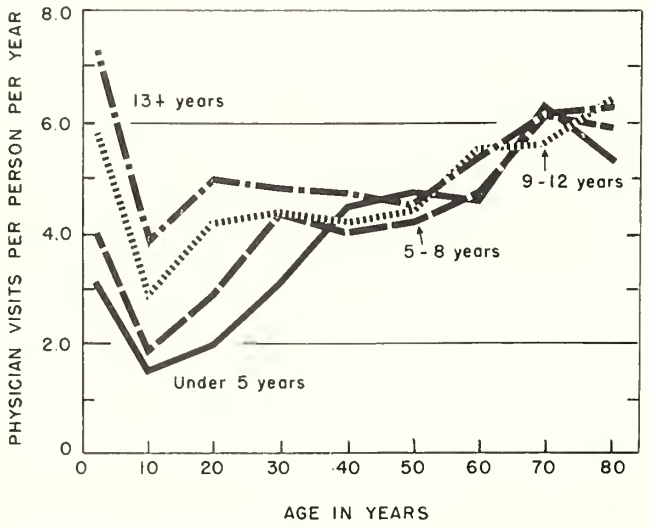
This pattern was most pronounced for people in the younger age groups.

Among older person, knowledge leading to preventive services may have less effect as the need for medical care becomes greater.

Or one might simply say that the better educated take better care of their children but everyone over 40 takes care of himself.

Chart 36

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY EDUCATION OF HEAD OF FAMILY AND AGE *



*** From NCHS interview data, U.S., July 1966-June 1967.**

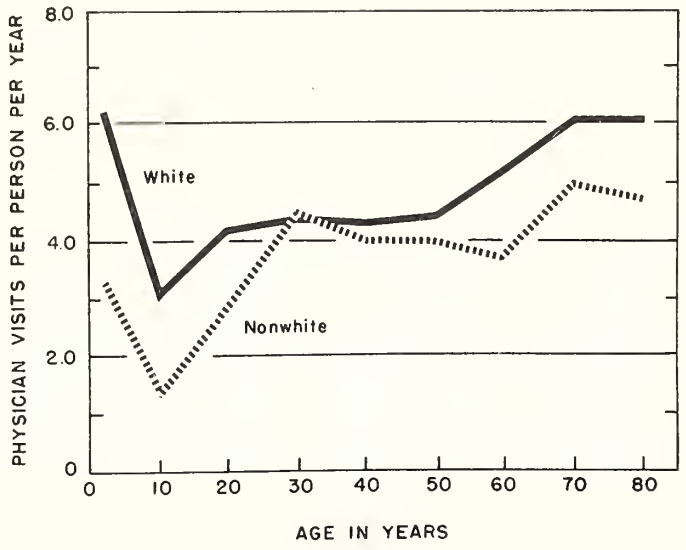
NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY COLOR AND AGE

Rate of physicians visits for whites exceeds that for non-whites by about 50 percent.

Only in the 25-34 age group was the rate of visits about the same. High injury rate among nonwhite males in this age group probably explains the similarity.

Chart 37

NUMBER OF PHYSICIAN VISITS PER PERSON PER YEAR, BY COLOR AND AGE *



*** From NCHS interview data, U.S., July 1966-June 1967.**

NUMBER OF HOSPITAL DISCHARGES PER 1,000 PERSONS, BY AGE AND FAMILY INCOME

Another measure of medical attention is the hospital discharge. These are plotted here by age and family income.

- The highest annual discharge rate was for over-65's in the $3000-4000 bracket.

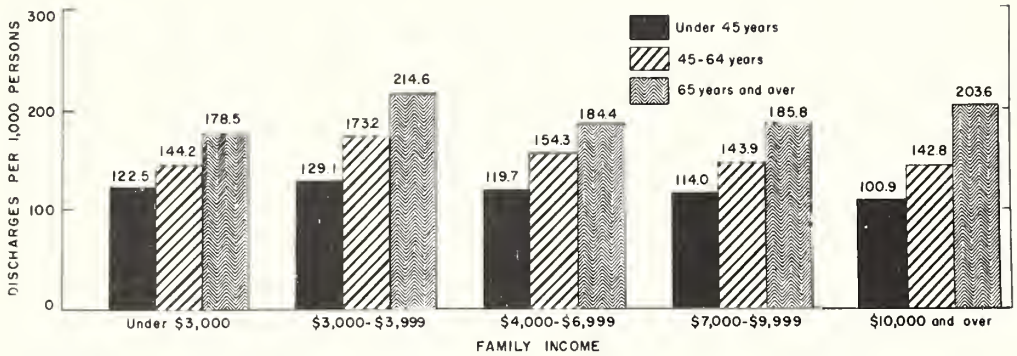
- Length of hospitalization, however, was considerably longer for the $10,000+ group (14 days) than for the other (11 days).

The income level does not seem to have much effect on the lower age groups.

Qualification: Does not include persons who died prior to date of interview but who were hospitalized during the prior six months. Thus there is distortion in utilization of hospitals by the older population.

Chart 38

NUMBER OF HOSPITAL DISCHARGES PER 1,000 PERSONS, BY AGE AND FAMILY INCOME *



* From NCHS interview data, U.S., July 1963-June 1965.

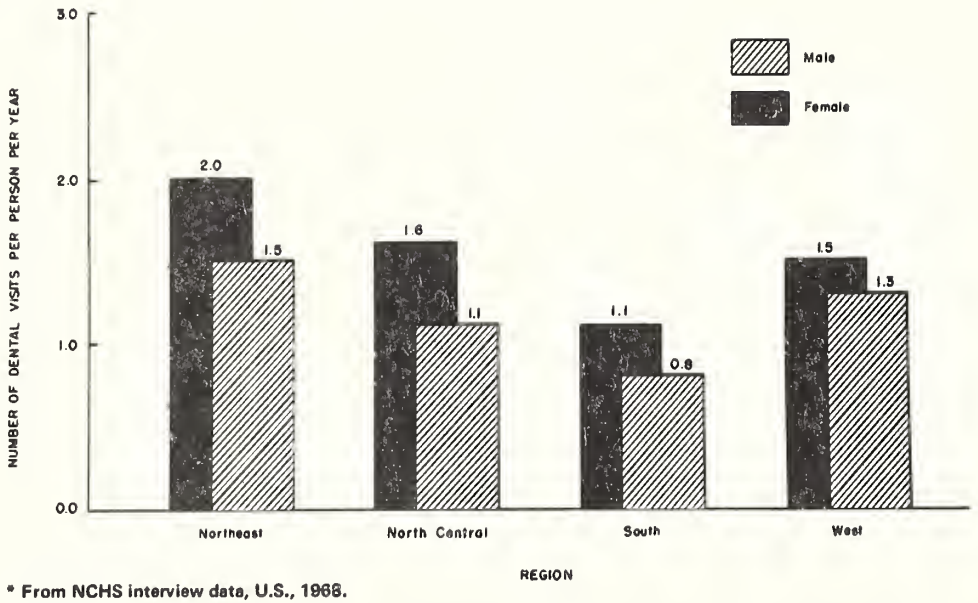
NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY GEOGRAPHIC REGION AND SEX

Here is a chart on dental visits which shows some interesting differentials by geographic region and sex--more pronounced than one sees for physician visits.

- The average number of dental visits per person per year in 1968 was 1.4.
- In all four geographic regions, females accounted for more dental visits than males.
- Rate of dental visits was highest in the Northeast and lowest in the South.

Chart 39

NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY GEOGRAPHIC REGION AND SEX *



* From NCHS interview data, U.S., 1968.

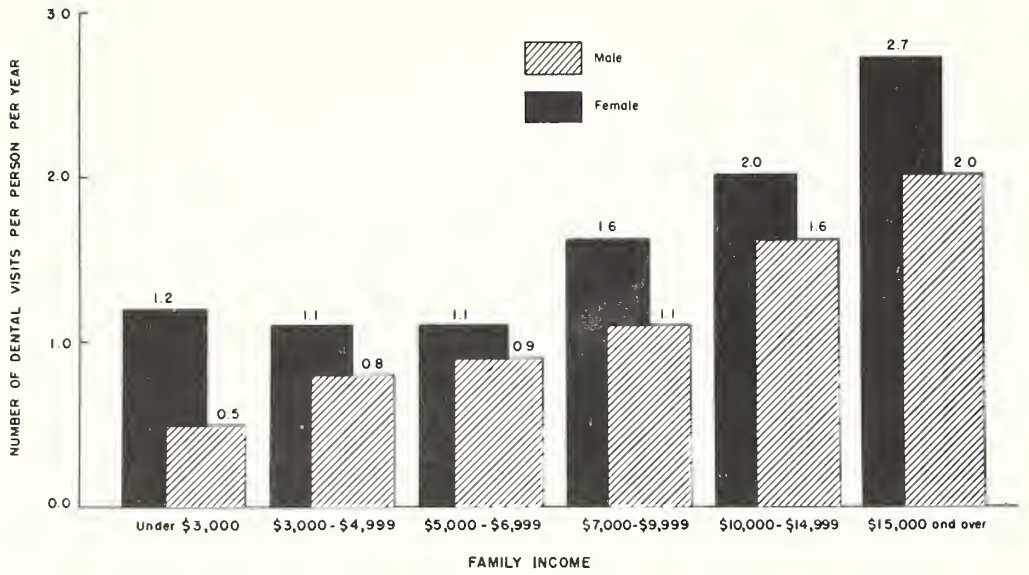
NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY FAMILY INCOME AND SEX

Again the recent dental survey, by family income.

- In all six income groups, the rate of dental visits for females was consistently higher than for males.
- As one might expect, the lowest rates were found in the lowest income groups, and the highest rates in the highest groups--a twofold range for females and a fourfold range for males.

Chart 40

NUMBER OF DENTAL VISITS PER PERSON PER YEAR, BY FAMILY INCOME AND SEX *



* From NCHS interview data, U.S., 1968.